

State of Illinois
Civil Service Commission
607 E. Adams Street, Suite 801
Springfield, IL 62701
(217) 782-7373

Written Request for Hearing*

Date: _____

I hereby request a hearing in my own defense to the charges filed against me by the Illinois Department of _____, officially approved by the Director of Central Management Services of the State of Illinois, on the _____ day of _____, 20____, such hearing to be held within 30 days following the filing of this request in your office pursuant to 20 ILCS 415/11. These approved charges resulted in my: (check one)

- ☐ Discharge
- ☐ Suspension for a period of more than 30 days in any 12-month period
- ☐ Demotion

Employee Signature

Employee Name (please print)

Address

City

State

Zip Code

Telephone Number

Alternate Telephone Number

Email address (not required)

* This form must be filed with the Civil Service Commission within 15 calendar days after the service of the written charges. This form may be mailed to the Commission at the above address or faxed to (217) 524-3706.